ivision of Health Service Regulation TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY NO PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: 01 B. WING HAL036031 12/10/2015 AME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 850 MAJESTIC COURT VELLINGTON HOUSE GASTONIA, NC 28054 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION COMPLETE DATE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {C 000} (C 000) Initial Comments This report is of a Followup Survey done by Bob Getchell and Ed Miller on December 10, 2015. The followup survey revealed that all deficiencies have not been corrected, therefore a new plan of correction is required. {C 111} (C 111) Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. IAN 25 2016 This Rule is not met as evidenced by: 1. Based on record review, interview with Executive Director, and Maintenance Contractor. the facility failed to maintain, a current (completed within the last twelve months) annual inspection report(s) required. Followup Findings on December 10, 2015: C11- Sprinkler Inspection 9-26-15 Records indicate that the last Sprinkler 9-26-15 Century Fire Protection LLC Inspection and Testing report in accordance with NFPA 25 was performed in April 29, 2014. desirante de la companya de la comp (C 133) (C 133) Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or sion of Health Service Regulation ORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



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ivision of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL036031 12/10/2015 STREET ADDRESS, CITY, STATE, ZIP CODE AME OF PROVIDER OR SUPPLIER 850 MAJESTIC COURT ELLINGTON HOUSE GASTONIA, NC 28054 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE DATE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) 11G TAG DEFICIENCY) C 133} (C 133) Continued From page 1 accessible to residents; This Rule is not met as evidenced by: Based on observation, the facility failed to ensure that commodes, tubs and showers are equipped with stable hand grips. Followup Findings on Dectember 10, 2015: a. There was a loose hand grips (grab bar) at C133- Hand grips remounted 12/22/15 the, tub in the Spa near Bedroom 61. (C 135) (C 135) Bathrooms-Not to Be Utilized for Storage SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (10) Resident toilet rooms and bathrooms shall not be utilized for storage or purposes other than those indicated in Item (4) of this Rule; This Rule is not met as evidenced by: Based on observation, the facility failed to ensure that resident toilet rooms and bathrooms are not utilized for storage or purposes other than those indicated in rule. Followup Findings on December 10, 2015:: C135 Housekeeping will monitor 12/11/15 a) The Spas were being used as storage of mop Spa Daily to ensure Staff is not buckets, mops, and old dirty furniture. using for storage (C 160) (C 160) Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing

sion of Health Service Regulation TE FORM

| FATEMEN | of Health Service Re it of Deficiencies of Correction | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIP A. BUILDING | LE CONSTRUCTION : 01 | (X3) DATE 8 COMPL | URVEY | |
|--------------------------|---|--|----------------------------|---|----------------------|--|-----------------|
| | | HAL036031 | B. WING | Andrew Comments | 12/10 | /2015 | |
| | PROVIDER OR SUPPLIER | 850 MAJE | DRESE, CITY. | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY) | DBE | COMPLETE DATE | |
| C 160} | Continued From pa facilities shall be m condition; | age 2 aintained in a clean and safe | (C 160) | | | | |
| | | et as evidenced by: ervation, the outside grounds d in a clean and safe | g swister ass | | hegicke 17 s | 10 May 10 Ma | Sheet |
| | b. A wooden boar was lying near the l | on December 10, 2015: rd with 4 large nails pointing up building in the Courtyard. | | C160 BMS-Housekeeping-ED w monitor Grounds Weekly to ens Grounds are maintained in a cle | ure | | 12 |
| (C 164) | SECTION .0300 - F | Furnishings-Clean, Repaired PHYSICAL PLANT 06 HOUSEKEEPING AND | (C 184) | safe condition | | | |
| | (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic | ings, and floors or floor in and in good repair; c unpleasant odors; | | | | | |
| | (e) This Rule shall facilities. | clean and in good repair; apply to new and existing | | | | | |
| | | ervation, the facility failed to equipment to ensure clean | Diskyring G | and Marketine in the later of the second | -5155 | | Electric States |
| | b. The bath tub in a hose long enough not equipped with a | on December 10, 2015: the Spa near Bedroom 61 had n to reach gray water that was a vacuum breaker to prevent gray water back into the bing lines. | ار د | C164 Vacuum Breaker installe | ed | 12-29-15 | |
| | 2. Based on Obse | ervation, the facility failed to | 5 | | | | |

sion of Health Service Regulation (TE FORM

VCM522

If continuation sheet 3 of 7

Division of Health Service Regulation (X3) DATE SURVEY TATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. W.NG. 12/10/2015 HAL036031 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 850 MAJESTIC COURT WELLINGTON HOUSE GASTONIA, NC 28054 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY (C 164) (C 164) Continued From page 3 have walls, ceilings, and floors or floor coverings, kept clean and in good repair. Followup Findings on December 10, 2015: The ceiling in Bedroom 48 had a stain and two at National Control Street Street August 2000 and 1975 Control Street Street Street large paint bubbles. {C 166} (C 166) Housekeeping-Maintained Free of Hazards C166 Repaired and painted 12/29/15 Repaired with sheet rock, mud SECTION .0300 - PHYSICAL PLANT and pop corn ceiling. 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards: (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on Observation, the facility failed to provide an environment in accordance with this Rule, by not maintaining the HVAC/ventilation, grilles and their associated dampers free of hazards. Followup Findings on December 10, 2015: Housekeeping/ED/BMS will monitor and 12/23/15 The return HVAC and ventilation grilles and their clean Bi Weekly to ensure dust has not radiation dampers have an excessive Chief and the state of accumulated in vents accumulation of dust/lint in the following locations: a) Dining Room, b) Laundry. Based on observation, the Building plumbing equipment was not maintained in a safe manner by not have properly working or installed parts.

ision of Health Service Regulation ATE FORM

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) JULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 B. WING 12/10/2015 HAL036031 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 850 MAJESTIC COURT WELLINGTON HOUSE GASTONIA, NC 28054 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Continued From page 4 (C 166) {C 166} C166 Commode was re fasten to 12/16/15 Followup Findings on December 10, 2015: floor in the Spa. Housekeeping will a. The connection of the commode to the floor do weekly monitoring/ BMS will do was loose in the right Spa. monthly walk thru to ensure all commodes are properly fasten and secured to (C 189) Building Equipment Maintained Safe, Operating (C 189) floor SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation, the Building was not maintained in a safe and operating condition. because the emergency lighting, which illuminates the egress pathways during power outages, did not work properly. Followup Findings on December 10, 2015: C189 (a) Replaced Exit Light 12/17/15 a. In the Dining Room ,the emergency lights for the wall mounted self-contained combination exit sign/emergency light unit did not work on backup CONTRACTOR AND ADDRESS OF THE PROPERTY OF THE power when the test button was pushed: Based on observation, the Building was not maintained in a safe and operating condition, because the fire sprinkler escutcheon plates were impaired, exposing openings through the ceiling that could allow the passage of smoke and heat. Followup Findings on December 10, 2015: C189 (a) Metal door was closed and 12/22/15

vision of Health Service Regulation IATE FORM

The fire sprinkler escutcheon plate had

re-caulked

| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036031 | (X2) MULTIPL A. BUILDING: B. WING | E CONSTRUCTION 01 | СОМ | E SURVEY PLETED R 10/2015 | |
|--------------------------|--|---|--|---|---------|------------------------------------|--|
| | PROVIDER OR SUPPLIER | 850 MAJE | DRESS, CITY, S STIC COUR A, NC 28054 | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY) | OULD BE | (XS) COMPLETE DATE | |
| (C 189) | Mech Room near B 5. Based on obser maintained in a saf because breaches fire-resistance-rate integrity. Followup Findings a. Unprotected decommercial kitcher systems pipes/cond 9. Based on obser maintained in a saf because the corrido passage of smoke | the ceiling in the exterior sedroom 45. vations, the Building was not e and operating condition, through the d construction invalidated its on December 10, 2015: silling penetration around hood's fire extinguishing duits in Kitchen. vation, the Building was not e and operating condition, or doors did not resist the due to the doors not cally latching into their frame | (C 189) | C189 (a) BMS repaired with Fire C | | 12/22/15 | |
| (C 199) | a. The Living Roo Installed backwards Exhaust Ventilation SECTION .0300 - F 10A NCAC 13F .03 | PHYSICAL PLANT | {C †99} | C189 (a) Installed New Handled | | 12/22/15 | |
| | provided with exha- two cubic feet per r requirement does r | rage; | | | | | |

ision of Health Service Regulation ATE FORM

ivision of Health Service Regulation

VCM522

If continuation sheet 6 of 7

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY ND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL036031 12/10/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 850 MAJESTIC COURT WELLINGTON HOUSE GASTONIA, NC 28054 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) (C 199) (C 199) Continued From page 6 C199 (a&b) BMS Installed New 12/22/15 (4) housekeeping closets; and Ventilation Fans (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on Observation and testing the facility failed to maintain the ventilation system in proper working order. Followup Findings on December 10, 2015: The exhaust ventilation was running but did not remove the required amount of air in the Men's Visitors Toilet Room. The exhaust ventilation was not working in the Med Room Toilet Room,

rision of Health Service Regulation ATE FORM

REV. 1/08

Report of Inspection, Testing & Maintenance of Dry Pipe Fire Sprinkler Systems



ALL QUESTIONS ARE TO BE ANSWERED AND ALL BLANKS TO BE FILLED (Weekly Inspection tasks are NOT included in this report)

| Inspecting Firm: Century Fire Protection LLC | | | | | Inspection Contract# CCS1501 | 00 | H | |
|---|--------------|------------------|--------------------------------------|---------|---|--------------|-----|----------|
| Name of Inspected Property: Wellington House | | | | | | | | |
| Inspector Name: D. Burngarner | | Date: 09/26/2015 | | | | | | |
| Inspection Frequency: Monthly | Q | uarte | rly | | Annually Other | | | |
| Monthly Insp | ect | ion | of D | ry Pipe | Sprinkler Systems | - | | |
| | γ | N/A | N | | - | ſΫ | N/A | N |
| A.1.0 System in service on inspection | V | | | A.2.6 | System control valve sign indicates area served | Ż | - | |
| A.1.1 Supply (water) gauge pressure | | 90 | psi | A.2.7 | System riser informational sign in place | | | П |
| A.1.2 System (air) gauge pressure | | 35 | pal | | showing area served, locations of auditary drains and any auxiliary systems* | 1/ | | 1 1 |
| A.1.3 Quick opening device gauge pressure | | μA | psi | A.3.0 | Backflow prevention assembly valves are locked | | | \vdash |
| A.1.4 Gauge near compressor | | ΝA | psi | A 0.4 | or electrically supervised in open position | 1 | _ | 1 |
| A.1.5 Gauge pressures are normal | \mathbb{Z} | | | A.3.1 | Reduced pressure backflow prevention assembly not in continuous discharge | Ш | 1 | 1 1 |
| A.2.0 Control valves in normal open or closed position | 1/ | | | A.4.0 | Dry pipe valve free of physical damage | 7 | - | \vdash |
| A.2.1 Control valves properly locked or supervised | 1 | | _ : | A.4.1 | Dry pipe valve trim valves are in appropriate | 7 | | \vdash |
| A.2.2 Control valves accessible | / | | | | open or closed position | / | | 1 1 |
| A.2.3 Control valves provided with appropriate wrenches | : / | | | A.4.2 | Dry pipe valve infermediate chamber not leaking | $_{\perp}$ | | |
| A.2.4 Control valves free from external leaks | 1 | | Ш | A.5.0 | ALARM PANEL CLEAR | / | | |
| A.2.5 Control valve identification signs in place | I | | | A.6.0 | COMMENTS: | | | |
| Quarterly Inspection of | | Quai | terly Testing for Dry Pipe Sprinkler | · \$y | ste | ms | | |
| Dry Pipe Sprinkler Systems | | | | C.1.0 | System in service before testing | 1 | | |
| B.1.0 System in service on inspection | L | | | C.1.1 | Pertinent parties notified before testing | 1 | | |
| B.2.0 Hydraulic nameplate attached and legible | | $ \mathcal{L} $ | | 0.1.2 | Adequate drainage provided before flow testing | 1 | | |
| B.2.1 Alarm device free from physical damage | K | - | - | | Alarm devices appear free of physical damage | / | | |
| B.3.0 FDC is visible | V, | Н | Н | C.3.0 | One main drain test conducted downstream | 1 | | |
| B.3.1 FDC is accessible | 14 | | - | C.3.1 | from backflow preventer One main drain test conducted downstream | \leftarrow | | |
| B.3.2 FDC swivels/couplings undamaged/rotate smoothly | - | | | | from pressure reducing valve | ı | / | |
| B.3.3 FDC plugs/caps in place/undamaged | K | - | | C.3.2 | Supply water gauge reading before flow (static) | | 90 | psi |
| B.3.4 FDC gaskets in place and in good condition | 1 | | | | Gauge reading during stable flow (residual) | | 85 | psi |
| B.3.5 FDC identification sign in place | 191 | | - | | Time for supply pressure to return to normal | | | 860 |
| B.3.6 FDC check valve not leaking B.3.7 FDC automatic drain valve in place | r | - | \dashv | ***** | Priming water level tested | Ŧ | 71 | |
| and operating properly | П | | | C.5.0 * | Quick opening device(s) (QOD) tested | \neg | 7 | |
| B.3.8 FDC clapper is in place and operating properly | / | | | Č.6.0 | Low pressure alarm tested | 7 | | |
| B.3.9 FDC interior inspected where caps missing | | 7 | | C.7.0 | Pertinent parties notified of test conclusion | 1 | | |
| B.3.10 FDC obstructions removed as necessary | | / | | C.8.0 | ALARM PANEL CLEAR | 7 | | |
| B.4.0 Pressure reducing control valves (PRV) indicate open | • | 7 | - | C.9.0 | SYSTEM RETURNED TO SERVICE | 7 | | |
| B.4.1 PRV not leaking | H | 7 | | C.10.0 | COMMENTS: | | | |
| B.4.2 PRV maintaining downstream pressure per design | ₩ | H | -:- | l | | | | _ , |
| B.4.3 PRV in good condition | \vdash | 슀 | | ı | | | | |
| B.4.4 PRV handwheel installed and not broken | + | 71 | | l | | | | |
| B.5.0 ALARM PANEL CLEAR | H | 4 | \dashv | 1 | | | | - 4 |
| DAA AAHHEURA | N | | | l | | | | - 1 |
| E4.8 - Head box needs 2-200°F Brass | ٤٩ | Upi | night | 4 | | | | - 1 |
| Edia lieu on and | _ | • | | l | | | | - 1 |
| , | | | | 1 | | | | |
| | | | | 1 | | | | - 1 |
| | | | | | | | | - 1 |
| | | | | | | | | |

*This requirement is new and can also be found in the 2007 edition of NFPA 13

| | v. 1/08 ort of Inspection, Testing & Mainter | an | ce | of I | Dry Pine | Sprinkler Systems continued | | | |
|-----------|--|-------|----------|----------|--------------------|--|--------|--------|---------|
| | cting Firm: Century Fire Protection LLC | iai i | CC | 011 | Dry Pipe | | | | |
| P10000000 | Curry r min. | | _ | - | | Inspection Contract# | | | |
| | of Inspected Property: Wellington House | | | _ | | | | | |
| | clor Name: D. Burngarner | | | | | Date: 09/26/2015 | | | |
| Inspe | ction Frequency: Monthly | 10 | uerte | arly | | Annually Other | | | |
| | Semi-Annual 1 | es | ting | j fo | r Dry Pip | e Sprinkler Systems | | | |
| 1 | | ſΥ | N/A | V N | 1 | | Υ | N/A | A N |
| D,1.0 | System in service before testing | 1 | | | D.3.1 | | Ť | 1 | 1.7 |
| D.1.1 | | 17 | | Т | | normal position | 1/ | L | \perp |
| D.2.0 | Water flow alarm tested and is operational | Z | | | D.4.0 | Pertinent parties notified of test conclusion | 1/ | | |
| D.2.1 | Test conducted with inspectors test connection | / | | | D.5.0 | ALARM PANEL CLEAR | 1 | | |
| D22 | Test conducted with bypass connection (freezing weather) | | 1 | | D.6.0 | SYSTEM RETURNED TO SERVICE | 1 | | |
| D.2.3 | The second secon | / | | | D.7.0 | COMMENTS: | | | |
| D.3.0 | Supervisory switches initiated distinct signal during first two hand wheel revolutions or before valve stem moved one-titin from normal position | / | | | | | | | |
| Ann | ual Inspection for Dry Pipe Sprinkler | Sy | ste | ım: | Ann | ual Maintenance for Dry Pipe Sprinkle | r Sy | ste | ms |
| E.1.0 | System in service on inspection | 7 | T | Γ | E1.0 | System in service before conducting maintenance | ГŽ | - | _ |
| E.2.0 | | | | | F.2.0 | Perlinent parties notified before conducting maintenance | 7 | | |
| E.3.0 | Piping appears free of mechanical damage | Z. | | | F.3.0 | Adequate drainage provided before flow testing or draining | | | |
| E.3.1 | Piping appears free of leakage | Ι, | _ | _ | F.4.0 | Operating stems of OS&Y (Including backflow) | 1 | | _ |
| E.3.2 | Piping appears free of corrosion | / | <u> </u> | _ | II | valves lubricated | | | |
| E.3.3 | Piping appears free of external loading | / | _ | | F.4.1 | Valve completely closed and reopened | 1 | | |
| E.4.0 | Sprinklers appear free of leakage | 1 | Ь. | | F.5.0 | Main drain test conducted | 1 | | |
| E.4.1 | Sprinklers appear free of corrosion | 4 | _ | | E5.1 | Supply water gauge reading before flow (static |) | 90 | pal |
| E.4.2 | Sprinkfers appear free of foreign materials | | | | F.5.2 | Gauge reading during stable flow (residual) | _ | 85 | _ |
| E.4.3 | Sprinkers appear free of paint | / | | | F.5.3 | Time for supply pressure to return to normal | | | |
| E.4.4 | Sprinklers appear free of physical damage | 7 | | | F.6.0 | Dry pipe valve interior thoroughly cleaned | \neg | 7 | |
| E.4.5 | Sprinklers appear properly oriented | / | | | | and parts replaced/repaired as necessary | | | |
| E.4.6 | Clearance appears to be adequate between sprinklers and building contents | / | | | F.6.1 | Grease or other sealing materials not applied to sealing surfaces of dry pipe vulve | | / | |
| E.4.7 | Glass bulbs appear full of liquid | / | | | F.7.0 | Dry pipe system low points drained after | - 1 | . | |
| E.4.8 | Spare sprinklers are of proper number | . | | 1 | | operation and before onset of freezing weather conditions | | / | |
| E.4.9 | (at least 6), type, and temperature rating Spare sprinklers stored where temperature maximum is 100°F | / | | - | F.8.0 | Perlinent parties notified after conclusion of maintenance | 7 | \neg | |
| E 4 10 | THE STATE OF THE S | 7 | | \vdash | F.9.0 | Air Leakage test conducted | | 1 | |
| E.5.0 | Wrench available for each type of sprinider Dry pipe valve in good condition internally | ~ | - | | F.9.1 | Leekage within limits | | 7 | |
| 6.6.0 | (check at trip test) | / | | | F.9.2 | Test conducted | | | |
| | PRIOR TO FREEZING WEATHER: | | -/ | | 1 | ☐ 40 psi for 2 hours or | | | |
| E.6.0 | Building is secure such as not to expose piping to freezing conditions | / | | - 27 | E10.0 | Normal pressure for 4 hours ALARM PANEL CLEAR | 7 | -7 | |
| E.6.1 | Adequate heat is provided maintaining temperatures at 40°F or higher | 7 | | | THE REAL PROPERTY. | SYSTEM RETURNED TO SERVICE | 1 | | |
| E.7.0 | | 7 | | | F.12.0 | COMMENTS: | | | |
| E.8.0 | | 4.1 | | | | | | | |
| | - Commenter | _ | _ | = | | • | | | - |
| | | т | rin | Ti | est Tab | le | | | |

Dry Pipe Operating Test

| | | | | Tr | ip Test Tal | ole | | | | | |
|---|---------------|------|----------------------|-------------------|---------------|--------------------------------|------|-------|----------------|----------|---------------|
| | Dry Valve Pa | rtia | Trip Siz | o 6" | Year MA | Q.O.D. | | | | Year | |
| | | Make | | Model | Serial No. | Make | | Model | | Sorial N | lo. |
| | TF. | P | | DPV-I | 272892 | | | | | | |
| 9 | | | to Trip Test Pipe | Water Pressure | Air Pressu | Time V Trip P re Air Pre | oint | | ched Outlet | | arm erated |
| | | Min | Sec | PSI | PSI | PS | i | Min | Sec | Yes | No |
| | Without Q.O.D | 0 | 29 | 90 | 35 | 15 | | 0 | NA | X | |
| | With Q.O.D | | | | | | | | | | |

REV. 1/08

| i cop | ort of Inspection, Testing & Mainten offing Firm: Century Fire Protection LLC | au i | ce | OI | Di | у Ріре | _ | | |
|-------|--|---------|------------|--------|----|---------|--|--------------|---|
| | | | - | | | | Inspection Contract# | _ | _ |
| | of Inspected Property: Wellington House | | _ | | - | | | _ | _ |
| | ctor Name: D. Burngerner | | - | | - | | Date: 09/26/2015 | | _ |
| inspe | ction Frequency: Monthly | Q | uarte | erly | | | Annuelly Other | | |
| Ar | nnual Testing for Dry Pipe Sprinkler S | ys | ter | ms | | | Items of 5 Years or Greater Frequency | , | _ |
| | - | ſΥ | N/A | A N | 7 | l | | WA | a |
| G.1.0 | System in service before testing | 7 | 1 | 1 | 1 | H.1.0 | | " | ť |
| G.1.1 | | 17 | | + | 1 | H.2.0 | | + | 1 |
| G.1.2 | | 7 | | + | 1 | H.3.0 | | + | 4 |
| G.2.0 | Dry pipe valve trip tested with control valve partially open (required at full flow every 3 years) | 1 | | T | 1 | H.3.1 | The state of the s | t | t |
| 3.2.1 | | 1 | | Τ. | 1 | H.3.2 | | Γ | |
| 3.2.2 | freezer Tag or card showing trip test date and name | / | - | - | 1 | H.3.3 | | | |
| | of person and organization conducting test attached to DPV | 7 | | Ι. | П | H.4.0 | | | i |
| i.2.3 | | , | - | + | | H.4.1 | | | |
| | conditions maintained on premises for comparison | / | | 1 | Н | H.4.2 | The state of the s | Г | |
| .2.4 | Records of tripping time maintained for full | 7 | | \top | 11 | H.4.3 | System gauges recalibrated as necessary | - | |
| | flow trip tests | / | | 1 | П | H.4.4 | System gauges test/replacement date: | Г | |
| .3.0 | Automatic air pressure maintenance devices tested in accordance with mfg. Inst. | / | | | П | H.5.0 | Check valves internally inspected | 1 | |
| .4.0 | Control valves (including backlow and PIVs) | - | _ | + | Н | H.5.1 | | t | |
| | operated through full range & returned to | 7 | | | Н | H.5.2 | | t | |
| 4.4 | normal position | - | | ├- | Н | H.5.3 | Check valve internal components in | t | |
| 4.1 | The state of the s | # | | - | Н | 1154 | good condition | L | , |
| 4.2 | The state of the s | 4 | | ├ | Н | H.5.4 | Check valve internal components cleaned/repaired/replaced as necessary | ŀ | |
| 5.0 | Main drain test conducted | 4 | 20 | _ | ч | H.5.5 | | H | |
| 5.1 | Supply water gauge reading before flow (static) | | 0 | ps | ٠. | H.6.0 | | | |
| 5.2 | | _ 8 | 5 | psi | . | H.6.1 | PRV control valves full flow test conducted | Н | I |
| | Time for supply pressure to return to normal | _; | 2_ | sec | П | | See AFSA Form 115A | L | |
| 5.4 | reduction from prior or original test | _ | 1 | | П | H.7.0 | Extra high temp solder type sprinklers tested/replaced – date: | | |
| 6.0 | Backflow prevention assembly forward flow test conducted | 1 | / | | ۱ | H.7.1 | Sprinklers in harsh environment tested/replaced date: | - | |
| 6.1 | the device | 4 | / | Ш | ١ | H.7.2 | Dry sprinklers tested/replaced (10 years) — date: | | |
| 6.2 | Forward flow test conducted at medimum rate possible (only where connections do not permit full flow test) | | / | | | H.7.3 | Sprinklers with fast response elements tested/replaced (at 20 years, 10 thereafter) – date: | | |
| 5.3 | Forward flow test conducted without measuring flow (device ≤ 2* and culiet sized to flow | | / | 3 | ١ | H.7.4 | All sprinklers tested/replaced (at 50 years, 10 thereafter) date: | | |
| 3.4 | system demand) Backflow prevention assembly Internal | + | - | | ١ | 1175 | (at 75 years, 5 thereafter) - date: | _ | |
| | inspection conducted (where shortages last | | 71 | | 1 | H.7.5 | All sprinklers manufactured before 1920 replaced – date: | i | |
| .5 | more than 1 year and rationing enforced by AHJ) Forward flow test satisfied by annual tire | + | 7 | -1 | ı | | Obstruction investigation conducted (see AFSA Form 114A) | | l |
| | pump flow test | + | <u>' .</u> | | 1 | | Pertinent parties notified after conclusion of tasks | _ | ŀ |
| | Backflow preventer flow test conducted as required by the AHJ | \perp | 4 | _ | ı | H.10.0 | ALARM PANEL CLEAR SYSTEM RETURNED TO SERVICE | _ | |
| | PRV central valves flow tested and compared to previous results | 1. | 71 | | ı | | COMMENTS | _ | |
| 0,0 | Low temperature alarm tested at beginning of heating season (where provided for valve enclosure) | | 7 | | ı | 11.12.0 | oonine (19 | | |
| | Air leakage test conducted (required every 3 years) | | Ζ | | | | | | |
| | Air leakage test acceptable | Ţ | Z | | | | | | |
| .2 | Pertinent parties notified of test conclusion | 4 | | | | | | | |
| 0.0 | ALARM PANEL CLEAR | | | | l | | | | |
| 1.0 | SYSTEM RETURNED TO SERVICE / | | | | | | | | |
| 2.0 | COMMENTS | | | | | | | | |